



Medicaid Coverage of Doula and Home Visiting Services

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Agenda

For both Doula Services and Home Visiting Services we will present:

- Background
- Evidence base
- Benefit Overview
- Provider Enrollment
- Communications and Resources for Stakeholders
- Next steps

Doula Services Overview

Background

- Health Services Cost Review Commission (HSCRC) Funding to Medicaid for MCH initiatives, including Doula services
- Two Phase Iterative Approach

What is a doula?

- A doula is defined as a trained professional who provides continuous physical, emotional, and informational support to the birthing parent throughout the perinatal period. Doulas are non-clinical providers and cannot replace a trained, licensed medical professional or perform clinical tasks. Doulas serving Maryland Medicaid members will provide person-centered, culturally competent care that supports the racial, ethnic, and cultural diversity of members while adhering to evidence-based best practices.

Improved Health Outcomes

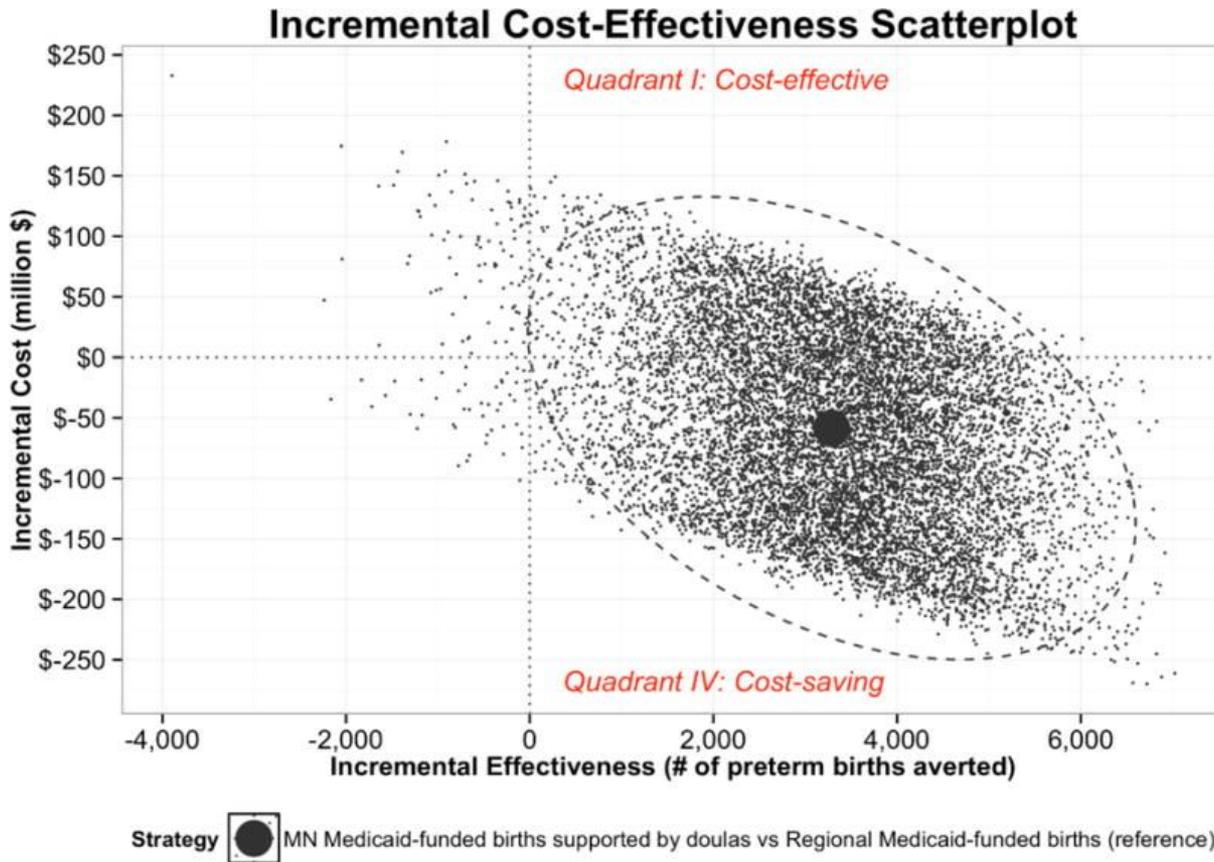
Fewer

- Preterm births
 - 22% less likely¹
- Infants of low birth weight
 - Decreases from 11.1% to 6.5%²
- Cesarean births
 - 56% less likely for full-term births¹
 - 41% less likely for all births³

Increased

- Breastfeeding initiation
 - 97.9% breastfeeding initiation⁴

Cost Savings



“We found that, on average, doula-supported deliveries among Medicaid beneficiaries regionally would save \$58.4 million and avert 3,288 preterm births each year.”

Phase 1 Timeline

- **August 9, 2021**
 - Regulations Submitted
- **October 22, 2021 - November 22, 2021**
 - Regulation Comment Period for HVS
- **November 19 - December 20, 2021**
 - Regulation Comment Period for Doulas
- **January 13, 2022:** HVS regulations final
- **February 21, 2022:** Doula regulations final (with amendments)
 - Providers can begin enrolling into Medicaid and billing for services (pending ePREP enrollment and MCO contracting)
 - Phase 2 Implementation Planning begins

Enrollee Eligibility Criteria

To be eligible to receive doula services, one must:

- Receive services through a HealthChoice MCO OR be enrolled in Fee-For-Service Medicaid; and
- Be pregnant, or have delivered a child within the last 6 months.

Referral Requirements

- A Medicaid participant must get a referral from a physician, or other licensed clinician, like a social worker or nurse practitioner.
- A health care professional or an MCO may refer HealthChoice participants to the program. Prior authorization is not required for doula services.
- MDH is preparing a doula referral template that may be used by MCOs and providers that will provide doulas with the necessary documentation of this referral.

Doula Benefits and Service Components

Doulas provide three kinds of services: prenatal visits, attendance at labor and delivery, and postpartum visits. The perinatal visits are often in the birthing parent's home. In these visits, the doula and birthing parent discuss such topics as:

- Anatomy of labor and birth;
- Common medical birth procedures;
- Common comfort measures during labor and birth;
- Mental wellness and self-care;
- Communication skills and self-advocacy during labor and delivery
- Breastfeeding benefits and techniques;
- Community resources;
- Postpartum support for the birthing parent and baby.

Doulas also attend labor and delivery to provide emotional and physical support.

Reimbursement Model

8:1 Model of Services:

- Up to 8 prenatal or postpartum services, along with attendance during labor and delivery, per birthing parent
- Each prenatal/postpartum service is up to 60 minutes

Description	Per unit rate	Max Units per service	Code
Prenatal service visits (15 min/unit)	\$16.62	4	W3701
Attendance at delivery (flat rate)	\$350	1	W3700
Postpartum service visit (15 min/unit)	\$19.62	4	W3702

Total possible reimbursement (assuming 4:1:4): \$930.00

Total possible reimbursement (assuming 0:1:8): \$977.84

Certifications Accepted

Focus is on the full spectrum care. Must have specified certification(s) listed from any of the following organizations:

- (1) Ancient Song Doula Services: Full Spectrum Labor & Postpartum Certification
- (2) The Childbirth and Postpartum Professional Association (CAPPA): Certified Labor Doula, Certified Postpartum Doula, and Certified Community Lactation Educator Certifications;
- (3) Childbirth International (CBI): Birth Doula, and Postpartum Doula Certifications;
- (4) Doula Trainings International (DTI): Birth Doula, and Postpartum Doula Certifications;
- (5) Doulas of North America (DONA): Birth Doula, and Postpartum Doula Certifications;
- (6) Black Doula Training (BDT), formerly The International Black Doula Institute (IBDI): Pregnancy & Childbirth Doula Certification, Postpartum & Newborn Certification, and Lactation/Breastfeeding Certificate of Completion;
- (7) International Childbirth Education Association (ICEA): Birth Doula, and Postpartum Doula Certifications;
- (8) Mamatoto Village: Community Birth Worker Certification; or
- (9) MaternityWise: Labor Doula, and Postpartum Doula Certifications.

Provider Enrollment

Provider Enrollment:

- Must be at least 18 years of age
- Must secure and maintain liability insurance
- Must attest to being trained and certified by an MDH approved organization
- Must enroll in Medicaid as a FFS individual provider
 - Must pass a background check
- Must enroll in ePREP, once their individual NPI is obtained
- Enrollment of doula groups will be available in addition to individual doula enrollment

Phase 2 Considerations

Stakeholder Recommendations

- Create process for approving doulas with significant experience
- Work with the Department's Public Health Service unit to create voluntary credentialing process
- Expand/change 8:1 service model, especially for youth
- Find ways to help pay for training costs for doulas
- Expand approved credentialing orgs, exploring approach taken in Rhode Island
- Create a public facing directory of Medicaid-enrolled doulas or practices

Home Visiting Services Overview

Home Visiting Services Overview

Timeline

- January 13, 2022 effective date

Coverage

- Transitioning from the 1115 Waiver (HVS Pilot in Garrett and Harford Counties) to a State Plan Amendment

Models

- Maintaining two previously approved evidence-based models:
 - Healthy Families America (HFA)
 - Nurse-Family Partnership (NFP)
- Any accredited HFA or NFP program may participate

Rates

- Per home visit rate: \$188

Code: 99600

Providers

- Will create a new provider type

Enrollee Eligibility Criteria

Aside from Medicaid enrollment, and status as a pregnant or postpartum individual with an infant, eligibility is aligned with the evidence-based model.

To be eligible to receive HVS, Medicaid participants must:

- Receive services through a HealthChoice MCO or be enrolled in Fee-For-Service Medicaid; and
- Be pregnant or infant must be younger than 90 days old at the time of enrollment.
- Additionally, for NFP only: Enrollment limited to individuals with no previous live births.

Definition of High Risk by Model - HFA

- Allows eligibility criteria to be set at the site level.
- May include factors such as age, Medicaid eligibility or geographical area.
- High risk factors to poor outcomes in children, such as:
 - Parental substance use;
 - Mental illness; or
 - Intimate partner violence.
- The Family Resilience and Opportunities for Growth (FROG) Scale can identify potential risks and measure the continuum from strength to risk, with low scores reflecting significant strengths and high scores reflecting significant risk.

Definition of High Risk by Model - NFP

- Works with its network partners to prioritize “high risk” and those that could benefit most from the model. Risks may be medical or social in nature.
- No specific definition for “High risk”. Factors NFP has asked models to consider include:
 - Less than a high school education;
 - Homelessness or housing instability;
 - Chronic disease;
 - Serious mental illness;
 - Substance use;
 - Intimate partner violence;
 - Other violence or trauma;
 - Developmental or intellectual disability;
 - Criminal justice involvement;
 - CPS involvement;
 - Pregnancy complications;
 - Economic instability.
- Must also meet Eligibility criteria: 1. no previous live birth, 2. low income, 3. voluntary, and 4. living in the service area.
- Model occasionally makes exceptions in consultation with a network partner.

Enrollee Eligibility Questions

Exclusion Criteria: No exclusion criteria is identified at this time. For NFP, enrollment limited to individuals with no previous live births, and no later than the 28th week gestation.

Time requirement for a Medicaid Home Visit: Duration of the home visit is required to align with the evidence-based model; both NFP and HFA national standards indicate home visits should typically last for 60-minutes.

Frequency of Home Visit: Typically one visit per week; exceptions allowing more than one visit per week can be made in specific instances, such as a family in crisis.

Qualifying individual: When HVS begins prenatally, then the birthing parent is primary until the child is born. When home visits begin after the infant is born, but within the model's required starting data parameters, then the infant would become primary.

Reimbursement Methodology- HVS

CPT Code and Description	Payment (per unit rate)	Place of Service Description	Place of Service code to use	Modifier to use	Limitations
99600 - Home Visit - non-specific	\$188	Home visit in home	4/12	none	Can be used 1 time per week.
99600	\$188	Home visit in community	99	none	Can be used 1 time per week.
99600	\$188	Home visit via telehealth	12	GT	Can be used 1 time per week.

- Limitations are contingent upon the needs of the family and the evidence-based model requirements themselves. Potential exceptions discussed in previous slide.
- If multiple children are enrolled with the same caregiver (i.e., twins), separate visits can be billed for each unique child under their individual Medicaid Identification Number.

HVS Provider Payments

HVS providers must be enrolled in Medicaid and be contracted with an MCO to be reimbursed for services rendered to a HealthChoice enrollee.

Each home visit will be billed for and reimbursed separately.

1. HFA sites offer at least one home visit per week for the first six months after the child's birth. After the first six months, visits might be less frequent. Visit frequency depends on families' needs and progress over time. Typically, home visits last one hour. Clients complete the program when the child turns 3 years old.
2. NFP sites partner with their participants to determine the content and frequency of visits. Visit frequency is flexible and content is adapted to meet the needs of the client based on the client's strengths, risks, and preferences. Home visits typically last 60 to 75 minutes^[1]. The NFP program begins as early as possible in pregnancy, but not later than the end of the 28th week of pregnancy. Clients complete the program when the child turns 2 years old.

^[1] If longer than 60 minutes, the per unit rate remains \$188.

HVS Referral Requirements

Referral Requirements:

A health care professional or an MCO may refer HealthChoice enrollees to HVS; however, a **referral is not required for participation**. A physician, or other licensed clinician, like a social worker, nurse practitioner or from a local health department worker may also refer Medicaid enrollees for HVS.

- MCOs have the flexibility to implement pre-authorization for these services, if they choose to do so. We encourage MCOs to work with the Department in the future to ensure medical necessity criteria align with the specific Home Visiting sites that may have different requirements for enrollment.

Additional Guidance:

- MCOs must allow their network providers to refer eligible individuals directly to in-network HVS providers;
- MCOs should track members who enroll with HVS programs to ensure they have adequate capacity to serve the eligible population;
- MCOs may require HVS providers, through the contracting process, to provide notification back to the MCO when a member has enrolled in their program.

HVS Provider Enrollment

- Eligible HVS providers may now enroll in Maryland Medicaid.
- HVS providers who have received either (1) a designation of fully accredited by the HFA National Program Office or (2) the designation of fidelity by the NFP National Program Office are eligible to enroll as “HVS provider” type through ePREP. They will need a Type 2 NPI.
- To enroll as a HVS provider, please visit <https://eprep.health.maryland.gov/sso/login.do>.
- Individual home visitors are not eligible to enroll as a HVS program provider. Individual NPIs are therefore not required.
 1. General requirements for participation in HVS are that a provider shall meet all conditions for participation as set forth in COMAR 10.09.78.03; and
 2. Specific requirements for participation in HVS are that the provider shall provide proof of accreditation/fidelity status by one of the following evidence-based home visiting models:
 - a. Health Families America; or
 - b. Nurse Family Partnership

HVS Benefits and Service Components

Service components of **prenatal home visits** includes:

- Monitoring for high blood pressure or other complications of pregnancy (NFP only).
- Diet and nutritional education;
- Stress management;
- Sexually Transmitted Diseases (STD) prevention education;
- Tobacco use screening and cessation education;
- Alcohol and other substance misuse screening and counseling;
- Depression screening;
- Domestic and intimate partner violence screening and education;
- Pregnancy education; and
- Facilitation of access to community or other resources that can improve birth-related outcomes such as transportation; housing; alcohol, tobacco and drug cessation; WIC and SNAP; and intimate partner violence resources.

HVS Benefits and Service Components (cont.)

Service components of **postpartum home visits** include:

- Diet and nutritional education;
- Stress management;
- Sexually Transmitted Diseases (STD) prevention education;
- Tobacco use screening and cessation education;
- Alcohol and other substance misuse screening and counseling;
- Depression screening;
- Postpartum depression education;
- Domestic and intimate partner violence screening and education;
- Breastfeeding support and education;
- Guidance and education with regard to well woman visits to obtain recommended preventive services;
- Medical assessment of the postpartum mother and infant (NFP only);
- Child development education;
- Maternal-infant safety assessment and education (e.g. safe sleep education for Sudden Infant Death Syndrome (SIDS) prevention);
- Counseling regarding postpartum recovery, family planning, and needs of a newborn;
- Assistance for the family in establishing a primary source of care and a primary care provider (i.e. ensure that the mother/ infant has a postpartum/newborn visit scheduled);
- Parenting skills, parent-child relationship building, and confidence building; and
- Facilitation of access to community or other resources that can improve birth-related outcomes such as transportation; housing; alcohol, tobacco and drug cessation; WIC and SNAP; and intimate partner violence resources.

HVS Benefits and Service Components (cont.)

Service components of **infant home visits** include:

- Child developmental screening at major developmental milestones;
- Parenting skills, parent-child relationship building, and confidence building;
- Breastfeeding support and education; and
- Facilitation of access to community or other resources that can improve birth-related outcomes such as transportation; housing; alcohol, tobacco and drug cessation; WIC, SNAP, and intimate partner violence resources.

Current Eligible HVS Programs in Maryland

Model	Site: * = Baltimore City; Yellow highlight indicates Local Health Department run program
NFP 1 Site	Baltimore City Health Department: Maternal & Infant Care Program*
HFA 18 Sites (2 in process)	Healthy Families Baltimore County Healthy Families Calvert County Healthy Families Southern Maryland (Charles or St. Mary's Counties) Healthy Families Montgomery Healthy Families Frederick Healthy Families Garrett County Healthy Families Lower Shore (Somerset, Worcester) Healthy Families Prince George's County Healthy Families Dorchester Healthy Families Washington County Healthy Families Mid-Shore (Caroline, Kent, Queen Anne's, Talbot) DRU Mondawmin HF Baltimore City* Healthy Families Wicomico The Family Tree, Inc.* M. Peter Moser Community Initiatives - Sinai Hospital HFA* Bright Beginnings of Prince George's Co. Harford Co. Healthy Families Healthy Families Allegany HF Cecil County (in process of accreditation) HF Howard County (in process of accreditation)



Questions

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